

CPS Human Resource Services
Small Water System Operators Expense Reimbursement Grant
Vendor Custom Class Expense Claim Form

Course Provider/Organization	Trainer	Course Location	Date of Course
Contact Name & Number			
Description of Course Topics including contact hours: (attach additional information)			
	DAY 1	DAY 2	DAY 3
	DAY 4	DAY 5	Total
Date Expenses Incurred			
Per Diem - Lodging and Meals (receipts required)*			
Lodging			
Meals			
Breakfast (\$6.00)			
Lunch (\$10.00)			
Dinner (\$18.00)			
Other			
Transportation			
Personal Car Miles			
\$0.485 Mileage Due			
Parking*			
Tolls*			
Other (Specify/Explain)*			
Other (Specify/Explain) *			
Personnel			
Materials			
Total Expenses			
Receipts will be required as indicated above for meeting rooms, lodging, meals, parking, tolls and airfare if applicable for reimbursement. I hereby certify that the above is a true account of the expenses incurred by our organization in accordance with the Small Water System Operator Expense Reimbursement Grant in the services of the State of California. I understand that any misrepresentation may result in ineligibility for reimbursement and or criminal charges in fraudulent cases.			
Notes:			
Organization Name _____		Claimant Name (printed) _____	
		Claimant Signature _____ Date _____	
CPS USE ONLY			
Vendor#		Claimant Reimbursement	
Invoice number	File # A1177	Approval Signature	Date
Invoice date	Disb Code:		